Strength and Weaknesses of County Health Organization*

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THE executive head of any department of health carries grave responsibility. It is his duty to safeguard the health of the people under his jurisdiction. The field has expanded materially during the last half century, and it is probable that it will continue to expand.

The problems of preventive medicine have been simplified so far as knowledge goes, but administration is more complex. The practice of public health requires detailed knowledge of preventive medicine, and also familiarity with matters entirely alien to the medical curriculum. The modern practitioner of public health must specialize.

Public health work is vitally concerned with individuals, in so far as they may affect the health of the general public. The control of disease involves invasion of the home and privacy of individuals, which is diametrically opposed to the traditional spirit of the American people. A typhoid fever outbreak may involve the search for carriers, and the restriction of their occupation. Effective milk control, and the provisions of the Shepherd-Towner act require intimate acquaintance with the private affairs of individuals. In one state, the health officer is not only authorized, but directed, to make an examination of any person who has, or is reasonably suspected of having, venereal disease. Such a provision involves intrusion into private affairs to the utmost degree.

We must remember that official health agencies derive their financial support from public funds. The broad general principle that funds for local developments should be collected locally applies to health work as well as to other projects. It is unfair to use state taxes for the benefit of selected counties; to tax a county for the benefit of one or more of its cities; or the rural population for the benefit of the incorporated towns. Public health work, if it is to be supported from public funds, must be developed on a basis which,

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so far as possible, will benefit equally *all* of the people taxed. This carries the corollary that public interest must be developed in the proposed work. Without it local taxes cannot be assessed or collected.

The complexity of modern health work, the need for specially trained personnel, for intimate contact with the people, the obligation to give service for the equal benefit of those concerned, and the necessity for developing local interest to support tax levies—all indicate that the ultimate unit of health organization must be local, if it is to be adequate and enduring. The unit of operation must be large enough to provide funds sufficient to employ trained personnel, and to support the work conducted under its direction. It must be small enough to allow the establishment of friendly relationships with the people of the community, equal distribution of services, and the development of local interest.

Except in the case of very small states, these considerations would reduce the size of the field units to the county, city, township, or town. Cities of sufficient size can, and often do, support their own health departments. In operation, however, no city department can confine its interests to the corporation limits; for example, in milk control, meat inspection, sewage disposal, and water supplies, unless the outlying districts are under adequate health service. The township and small town are generally too small to support the work required of a modern health department.

The county, on the other hand, offers such advantages that in many states it has been chosen as the base for local health administration. It is timely to consider the strength and the weaknesses inherent in this plan of organization.

ELEMENTS OF STRENGTH

1. The county is the largest unit of purely local government. Other activities based upon this unit have long been recognized and accepted—there are county commissioners, financial officers, courts and officers of justice, superintendents of schools, and agricultural agents. It would therefore involve no radical departure if there should be a county department of health, but put such work on a par with other important agencies.

2. Being a legally defined governmental unit, the county is a unit for taxation purposes, with an established system for collecting and handling tax funds and apportioning assessments. The collection of a special assessment for health work, or the allocation of funds offers no special difficulties.

Although counties vary markedly in wealth, as a rule sufficient funds for the maintenance of a full-time health department can be raised without undue burden upon the taxpayer. The expenditures for health in the county with which the writer is connected amounted in 1927 to $18,107.35, or 43 cents per capita, which maintained a full-time staff of 8 members. The budget for 1928 totals $21,950.00, or approximately 51 cents per capita, including all subsidies. In the first 7 months of 1928, 17,509 services were rendered. These included the handling of 995 cases of reportable disease, 4,993 sanitary inspections, and 11,063 services by the public health nursing division, among which were 3,755 home calls, including 140 prenatal, 100 maternity, 708 infant welfare, 387 child welfare, 320 tuberculosis or tuberculosis contacts, 172 orthopedic, and 255 calls upon physicians in behalf of patients. The year's services will approximate 30,000.

This type of record can be duplicated in dozens of counties, and is cited as a concrete example of what can be done on a very reasonable per capita levy. In several of the southern states effective work is conducted on a much smaller budget, through the employment of units of smaller size. The extent of the work will necessarily be limited by the money available; but effective work is usually possible under a budget within the financial ability of the average county.

3. The average county is of a convenient size for one unit of staff to handle. Personal contacts can be established which permit even those activities which involve intrusion into private affairs. A fairly equal distribution of services is possible over an entire county, both urban and rural. In the county referred to, one-third of the home calls were made among the rural inhabitants, who comprise 62 per cent of the population, and probably one-half of the services have been directly for their benefit. Under no other system can rural districts share to such an extent in the benefits of organized health work.

4. The county system is advantageous over smaller areas in the handling of such matters as control of communicable disease, disposal of sewage, development of pure water and milk supplies, and prevention of stream pollution—all of which extend beyond legal boundaries.

5. Finally, as the county is a local area so far as government is concerned, popular interest in health work can be developed and capitalized, and coördination of county-wide private agencies interested in limited phases of health activities secured.

INHERENT ELEMENTS OF WEAKNESS

1. Vulnerability to political influence, which it shares with every other agency supported by public funds. The sinister influence of

politics is felt in every activity which involves important interests. Securing of sewage disposal plants, safeguarding of milk supplies, and food inspection, frequently involve financial loss to individuals; so there is almost sure to be a certain amount of opposition to such measures. It takes courage to work for measures designed for the public good in the face of opposition. Many a health officer is held back by the fear that his whole program will be jeopardized if he carries out his duties fully.

Specific instances can be cited illustrative of this point. A city passes regulations establishing certain minimum requirements as to milk, then proceeds to ignore them. An influential establishment maintains a malodorous plant which arouses bitter criticism on the part of neighboring citizens; yet for 10 years nothing is done to abate the nuisance. A judge or a lawyer owns houses and refuses to make sewer connections. A city pours its untreated sewage into a small creek in spite of the protests of riparian landowners. Many specious reasons can be advanced in extenuation of such conditions; but the real reason lies in politics. Boards of health do not feel that it is expedient to take the action which all admit is indicated. In numerous counties this sinister influence extends even to the appointment of members of the staff. Many health officers are handicapped by employees whose dismissal they are powerless to effect, because the storm which would follow, being localized, is likely to be violent.

Happily, with the increasing employment of well trained workers, the public is coming to appreciate the fact that health work is above politics, and, as between the advocate of special privilege and the conscientious health officer, its best interests lie in backing the department of health.

2. There are differences in practices prevailing among county health organizations. In the county system, the principle of decentralization is followed, and responsibility is placed upon the county officers, who carry out their programs according to their knowledge and ability, as affected by local conditions.

It is obvious that a health officer who is a political timeserver has little interest in any activity which jeopardizes his position, and that the untrained man will work less effectively than the trained. The result is great disparity in the effectiveness and nature of the work attempted. The solution will be expedited by greater supervision on the part of state departments of health.

However, the same disparity obtains as between state and city departments of health. One has but to scan the pages of *Municipal Health Practice for the Year 1923*,[1] based upon a study of 100 of the

largest cities in the United States, to see the chaotic condition which prevails in health practices. For example, scarlet fever has long been classified as a communicable disease. If isolation of cases is justifiable, it must be based upon scientific observations. Presumably such observations as to duration of transmissibility are valid regardless of location. Why, then, do isolation periods vary from 21 to 35 days, depending upon the residence of the patient? The absurdity of this situation is illustrated along the Ohio-Indiana boundary where families living on opposite sides of the same road have been placarded for periods of 30 and 21 days, respectively. It cannot be maintained that the boundary line has any influence upon the duration of the infective state.

Surely the time has come when health measures which are basically sound can be made more nearly uniform. Interstate agreements, and greater supervision over the county health services will be necessary to bring this about.

3. The county is too small for the proper handling of numerous important problems. If there were uniformity of practice among the counties, this would not be so serious. A county health officer found a case of typhoid fever on a dairy farm and he promptly stopped the sale of the milk in his own county; but the producer shipped it into the adjoining county. Several days later this came to the notice of the officer of the second county, who had to make a trip of 30 miles beyond his borders to protect his county. The probability is that the producer shipped into a third area, with no one the wiser. One county refuses a permit for the production of milk for sale in the county because of the bad state of the barn and the uncleanly manner in which the milk is handled. This is of no effect if, as at present, the producer can ship into a city with even more stringent regulations but not enforced. In the control of epidemics, and safeguarding of water supplies, the county is too small a unit, and state action appears to be absolutely necessary.

4. Being a local organization, it shares in the effects of intertown rivalry, in any antipathy between the rural and urban populations, in the outcry against increased taxation, in the vociferous opposition of individuals who develop personal dislikes toward members of the staff, in the whispering campaigns which abound in every small community. The only solution is the conscientious discharge of duty, exercise of patience and tact, constant effort to develop a public conscience as to public health, and the saving grace of humor.

In conclusion it may be pointed out that the strength inherent in county health organization far outweighs the weaknesses. There are

some counties too large for any single unit to handle satisfactorily, and others too small or too poor to permit the raising of the required funds. In some the roads make it impossible to distribute the services with any degree of uniformity. It is evident that such counties will require special adaptations to meet their several conditions. In the vast majority of the counties in this country, however, it would appear that adequate health work is possible of realization based primarily upon local support.

SUMMARY

1. Health work must be organized on a local basis to be adequate and enduring.
2. The elements of strength inherent in county health organization are:

   The county is the largest unit of local government; and offers precedents for such organization.
   It is a taxation unit, of sufficient resources to insure adequate funds.
   It is of a convenient size for one unit to handle.
   It offers advantages over smaller units in the handling of various health problems.
   It permits the development and capitalization of local interest in health work.
3. The weaknesses are:

   Vulnerability to political interference.
   Divergence of health practices.
   Being too small an area for handling certain important health problems.
   As a local organization, it is subject to strictures arising from provincialism.

REFERENCE

1. *Pub. Health Bull., 164,* July, 1926.

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Carriers

THE New York State Department of Health has reported the discovery in 1928 in the upper part of the state, of 23 typhoid carriers—a total of 167 known, exclusive of those in state institutions. Forty-eight cases of typhoid fever were traced to these newly discovered carriers, who ranged in age from 15 to 68. Female carriers predominated, approximately 4 to 1. In all but 1 case, there was a history of a previous attack of typhoid fever. In 1, 37 years had elapsed, indicating the persistence of the carrier state over a long period. In 7, gall bladder operations were done with complete success, as indicated by laboratory examinations. These were released from restrictions.